



MINNESOTA ASSOCIATION  
OF PROFESSIONAL EMPLOYEES

# Local Checkbook Replenishment

ALL EXPENSES MUST COMPLY WITH LOCAL REIMBURSEMENT POLICY  
2021.

Local Treasurer: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_ Local: \_\_\_\_\_  
Work email address: \_\_\_\_\_ Home email address: \_\_\_\_\_

ALL RECEIPTS AND ATTENDANCE LISTS MUST BE ATTACHED

Checks Issued to: \_\_\_\_\_

Place of Meeting	Date of Meeting	Check Number	Payee	Expense Type	Amount
<b>Total</b>					<b>0.00</b>

[To calculate Total, click on 0.00 until it is highlighted 0.00 and press F9]

I hereby certify that this is a correct statement of Local expenses as claimed.

All expenses are subject to audit and verification can be requested.

Local Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Local Officer Signature (if any payment over \$500)

Local Officer Printed Name

Local Use: Submit Date: \_\_\_\_\_

**Office Use Only**

- 30-59000 \_\_\_\_\_ Other/Misc. Expense \$ \_\_\_\_\_
- 30-55100 \_\_\_\_\_ Membership Awards/Prizes \$ \_\_\_\_\_  
Recipient(s): \_\_\_\_\_
- 30-55115 \_\_\_\_\_ Member ONLY Awards & Prizes \$ \_\_\_\_\_
- 30-55200 \_\_\_\_\_ Contributions \$ \_\_\_\_\_
- 30-52750 \_\_\_\_\_ Meeting Room Rental \$ \_\_\_\_\_
- 30-58920 \_\_\_\_\_ Lodging \$ \_\_\_\_\_
- 30-58970 \_\_\_\_\_ Group Food/Beverage (list of attendees required) \$ \_\_\_\_\_
- 30-58973 \_\_\_\_\_ Member ONLY Food/Beverage \$ \_\_\_\_\_  
If a group of 2 or more, they must attach names.
- 30-58905 \_\_\_\_\_ Individual Meal Total (Taxable Meal) B \$9 L \$11 D \$16 \$ \_\_\_\_\_
- 30-58950 \_\_\_\_\_ Auto Mileage: \_\_\_\_\_ miles x \$0.56/mile \$ \_\_\_\_\_
- 30-58900 \_\_\_\_\_ Carpool Bonus: \$0.05 per mile per MAPE passenger \$ \_\_\_\_\_  
List names: \_\_\_\_\_  
Any amounts over the IRS rate are subject to withholding.
- 30-58955 \_\_\_\_\_ Travel/Taxi/Phone/Parking, etc. \$ \_\_\_\_\_

TOTAL AMOUNT TO BE REPLENISHED \$ \_\_\_\_\_